



**DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION
MANUFACTURED HOUSING
101 SEA HERO ROAD, SUITE 100
FRANKFORT KY 40601-5412
(502) 573-1795 FAX (502) 573-1059**

CERTIFIED INSTALLER RENEWAL APPLICATION

This application must be COMPLETED in detail or will not be reviewed.

Please complete the following application and return to the above address by the last day of your birth month.

1. **Renewal Certification:**
Individual Applicant: _____ **Date of Birth** _____
OR _____ **Name**
Certified Manager/Owner: _____ **Date of Birth** _____
_____ **Name**
FOR
Associated Retailer: _____
_____ **Name**
2. **Copy of Certificate of Achievement from five (5) hour Certified Installer Course.**
3. **Proof of Workers Compensation Insurance OR a Notarized Waiver of Exemption.**
4. **FEE: Please remit the renewal fee of \$50.00. (see Payment Option Page enclosed).
Your license will expire on the last day of your birth month EACH year. You will be required to attend a 5 hour continuing education class prior to renewing.**

An installer of manufactured or mobile homes shall be required to renew their Certification annually (815KAR 25:080).

Mailing Address: Street _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ E-Mail _____

The applicant has read the statement contained in this application and states that the same are true and correct. The statements made herein are made under full and complete knowledge that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the Certificate for which this application is submitted.

THIS SECTION MUST BE INITIALED:

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by KHEAA, I cannot receive a **Kentucky Certified Installer or Certified Manager/Owner Certification** at this time.

_____ (Initial) I confirm that all information contained in and submitted with this application is current and true to the best of my knowledge.

Signature of Applicant: _____ DATE: _____
Signature of Applicant (Individual taking exam)

